PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of manitenance fees will be mailed to the current correspondence including the Patent, advance orders and notification of manitenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by a specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

20350 7590 10/15/2007

TOWNSEND AND TOWNSEND AND CREW, LLP TWO EMBARCADERO CENTER

FILING DATE

EIGHTH FLOOR

APPLICATION NO.

SAN FRANCISCO, CA 94111-3834

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with auditional postings for first class mail in an envelope state of the Mail Stop 1550E 17E addressed to the Mail Stop 1550E 17E addressed above, or being facesmile Postal Service with sufficient postage for first seed to the Mail Stop 193UE FEE address a nitted to the USPTO (571) 273-2885, on the da

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Karen Kar	Karen Karlin		
Rasen La	rlin		(Signature)
VIA EFS-WE		3, 2	008 (Date)
FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONF	IRMATION NO.

22512005

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015280-225111US

10/633.789 08/04/2003 Curtie C Harris TITLE OF INVENTION: SCREENING ASSAYS FOR COMPOUNDS THAT CAUSE APOPTOSIS

nonprovisional NO \$1440 \$300 \$0 \$1740 01/15/2008 EXAMINER ART UNIT CLASS-SUBCLASS GUPTA, ANISH 1654 530-326000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.563). Change of correspondence address or Change of Correspondence Address from PTO/SBI (22) attached. Change of correspondence address or Change of Correspondence Address from PTO/SBI (22) attached. PEe Address' indication or "Fee Address Indication form PTO/SBI (22) or more recent) attached. Use of a Customer Number is required. Towns and Towns and Towns and Crew LLP 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	- 1	APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL PEE(S) DUE	DATE DUE	
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	ĊF	CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Prec Address' Indication (or "Fee Address' Indication form PTO/SB/47. Rev 03-02. or more recent) attached. Use of a Customer			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 revistered natent attorneys or ascents. If no name is		era 2 and Cre	and Crew LLP	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE

The United States of America as represented by

the Secretary of the Department of Health and Human Rockville, Maryland

Services the appropriate suggested effects of Tacky and the patient on the patient). | Individual | Corporation or other private group entity And Covernment

4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.

Issue Fee Delication Fee (No small entity discount permitted)

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 20 – 1430 (enclose an extra copy of this form) Advance Order - # of Copies 10

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

08 Authorized Signature

57,471 Typed or printed name Gene H. Yee Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 37 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing; and the confidentiality is governed by 37 U.S.C. 122 minutes of the confidentiality is governed by 37 U.S.C. 122 minutes of the confidential to the 12 minutes to complete, including gathering, preparing; and the confidence in the confiden

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